PTO/SB/01 (08-03)

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Attorney Docket Number

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| DECLARATION | FOR UTILI | TY OR 📙 | | 2003-0 | 0/2.01 | |
|--|---|-----------------------|------------------------|-----------------------|---------------|--|
| | SIGN | | First Named Inventor | James | D. Ander | son. Jr. |
| PATENT A | PPLICATIO | N T | C | OMPLETE IF | | |
| (37 CF | R 1.63) | | Application Number | | | |
| X Declaration | Declarat | | Filing Date | | | |
| With Initial | Filing (s | urcharge | Art Unit | | | |
| Filing | (37 CFR required | R 1.16 (e))) | Examiner Name | | | |
| I hereby declare that: | | | | | | ······································ |
| Each inventor's residence, mai | ling address, a | nd citizenship are a | s stated below next to | their name. | | |
| I believe the inventor(s) named | d below to be th | ne original and first | | | nich is claim | ned and for |
| which a patent is sought on the | | | Utilizing Laser We | elding | | |
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| | | | | | | |
| the specification of which | | (Title of the | Invention) | | | |
| X is attached hereto | | | | | | |
| OR . | | | | | | |
| was filed on (MM/DD/YYYY) as United States Application Number or PCT International | | | | | | |
| Application Number and was amended on (MM/DD/YYYY) (if applicable). | | | | | | |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as | | | | | | |
| amended by any amendment | | | | • | | • |
| I acknowledge the duty to di | | | | | | |
| continuation-in-part application and the national or PCT intern | | | | en the filing of | date of the | prior application |
| I hereby claim foreign priority | I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, | | | | | |
| inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign | | | | | | |
| application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. | | | | | | |
| Prior Foreign Application | | Foreign Filing | | ority | | Copy Attached? |
| Number(s) | Country | (MM/DD/YY | (Y) Not (| laimed | | s No |
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| Additional foreign application | on numbers are | e listed on a supple | mental priority data s | neet PTO/SB | /02B attach | ed hereto. |

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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| Name | | | | | | |
| Address | | | | | | |
| City | | | State | | | ZIP |
| Country | | elephone | | Fax | | |
| I hereby declare that all statem and belief are believed to be tru and the like so made are pur statements may jeopardize the | ue; and further that hishable by fine or | these statements imprisonment, | were made or both, und | with the knowled $18U.S.C.^{-1}$ | edge tha | it willful false statements |
| NAME OF SOLE OR FIRST IN | IVENTOR: | | etition has be | en filed for this | s unsian | ed inventor |
| Given Name | | | | amily Name | <u> </u> | |
| (first and middle [if any]) Jame | s D. | | (| or Surname | Anderso | on. Jr. |
| Inventor's | <u> </u> | \ | | | | Date |
| Signature | Marden | <u> </u> | | | | 17-11-03 |
| Residence: City | State | | Country | | Citizen | |
| Harrodsburg | K | Y | | | | U.S. |
| Mailing Address 207 Beams Dr. | | | | | | |
| City | State | | ZIP | | | Country |
| Harrodsburg | | KY | | 40330 | | U.S.A. |
| NAME OF SECOND INVENTO | PR: | | <u> </u> | | n filed fo | or this unsigned inventor |
| Given Name (first and middle [if any]) | | | | amily Name Surname | | |
| lim_ | | | 0 | F | rasure | |
| | ZAGN | | | | | Date 12/11/p3 |
| Residence: City | State | | Country | | Citizen | nship |
| Georgetown | K | Υ | | | | U.S. |
| Mailing Address 423 Finnell Rd. | | | | | | |
| City | State | | ZIP | | Countr | у |
| Georgetown | | KY | | 40324 | | U.S.A. |
| X Additional inventors or a legal re | presentative are being na | amed on the 2 s | upplemental she | et(s) PTO/SB/02A | or 02LR a | ttached hereto. |

DECLARATION ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 1 2

| | | | _ | | | |
|--|-------|------------|----------|------------------------|--------------|------------------|
| Name of Additi nal J int Inventor, if any: | | A per | tition h | as been filed for this | unsigned inv | ventor |
| Given Name (first and middle (if any) | | Family Nan | ne or S | Surname | | |
| James A. | | Kerr | | | | |
| Inventor's Signature | | | | | Date # 12 | /11/2663 |
| Residence: City Lexington | State | KY | Cour | ntry U.S.A. | Citizenship | U.S. |
| Mailing Address 2875 Palumbo Dr. | | | | | | |
| Mailing Address Apt. #206 | , | | | | | |
| City Lexington | State | KY | | Zip 40509 | Country | U.S.A. |
| Name of Additional Joint Inventor, if any: | | ☐ A pe | tition h | as been filed for this | unsigned inv | ventor |
| Given Name (first and middle (if any) | | | | Family Name or | Surname | |
| Steven R. | | Komplin | | | | |
| Inventor's Stoven A. Womplin | | Date / | // / | DEC 03 | | |
| Residence: City Lexington | State | KY | | Country U.S.A. | | Citizenship U.S. |
| Mailing Address 2201 Escondida Way | | | | | | |
| Mailing Address | | | | | | |
| City Lexington | State | KY KY | | Zip 40515 | Country | U.S.A. |
| Name of Additional Joint Inventor, if any: | | A per | tition h | as been filed for this | unsigned inv | ventor |
| Given Name (first and middle (if any) | | | | Family Name or | Surname | |
| Matthew J. | | Russell | | | | |
| Inventor's mathy of Punell | | Date | 12, | 111/03 | | |
| Residence: City Stamping Ground | State | KY | | Country U.S.A. | | Citizenship U.S. |
| Mailing Address 252 Galloway Rd. | | | _ | | | |
| Mailing Address | | | | | | |
| City Stamping Ground | State | · KY | | Zip 40379 | Country | U.S.A. |

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DECLARATION ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 1 2

| Name of Additi nal J int Inventor, if any: | | A pet | ition h | nas been filed for this | unsigned inv | rentor |
|--|------------|---------------------------------------|-----------|-------------------------|--------------|------------------|
| Given Name (first and middle (if any) | Family Nan | ne or s | Surname | | | |
| Ann M. | | Trebolo | | | | |
| Inventor's Aux Irelator | | - | · · · · · | | Date 12- | -11-2003 |
| Residence: City Nicholasville | State | KY | Cou | ntry U.S.A. | Citizenship | U.S. |
| Mailing Address 100 Orange Blossom Ct. | | | | | | |
| Mailing Address | | | | , | | |
| City Nicholasville | State | KY | | Zip 40356 | Country | U.S.A. |
| Name of Additional Joint Inventor, if any: | | ☐ A pet | ition h | nas been filed for this | unsigned inv | rentor |
| Given Name (first and middle (if any) | | | | Family Name or | Surname | |
| Jon B. | | Whitney | | | | |
| Inventor's Jones Whitney Signature | | Date J | Dec | 11, 200 | 3 | |
| Residence: City Georgetown | State | Date Dec 11, 200 KY Country U.S.A. | | Country U.S.A. | | Citizenship U.S. |
| Mailing Address 168 Drake Lane | | | | | | |
| Mailing Address | | | | | | |
| City Georgetown | State | KY | | Zip 40324 | Country | U.S.A. |
| Name of Additional Joint Inventor, if any: | | ☐ A pet | ition h | nas been filed for this | unsigned inv | entor/ |
| Given Name (first and middle (if any) | | Family Name or Surname | | | | |
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| Inventor's Signature | | Date | | | | |
| Residence: City State | | • | | Country | | Citizenship |
| Mailing Address | | | | | | |
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| City | State | | | Zip | Country | |

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| Application Number | |
|------------------------|---|
| Filing Date | |
| First Named Inventor | James D. Anderson, Jr. |
| Title | Sealed Fluidic Interfaces Utilizing Laser Welding |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 2003-0072.01 |

| I hereby appoint: | | | | 1 | |
|---|--------------------------|----------------------|--------------------------|-----------------------------|--|
| X Practitioners associated with the Customer Numb | er: | 21972 | : | | |
| OR | | | | } | |
| Practitioner(s) named below: | | | | | |
| Name | Name Registration Number | | | | |
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| as my/our attorney(s) or agent(s) to prosecute the applic Trademark Office connected therewith. | ation identified abo | ove, and to trans | sact all business in th | ne United States Patent and | |
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| The address associated with Customer Number: | | | | | |
| OR | | | | | |
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| I am the: | | Fax | | | |
| X Applicant/Inventor. | | | | | |
| Assignee of record of the entire interest. See 37 Statement under 37 CFR 3.73(b) is enclosed. | CFR 3.71. |) | | | |
| | E of Applicant o | • | Record | | |
| Name James D. Anderson, Jr. | | | | | |
| Signature Sand | 1,1 | | | | |
| Date 17-11-03 | / | | Telephone | | |
| NOTE: Signatures of all the inventors or assignees of record of the forms if more than one signature is required, see below.* | ne entire interest or t | their representative | e(s) are required. Submi | t multiple | |
| X *Total of forms are submitted. | | | | | |

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| Examiner Name | |
| Attorney Docket Number | 2003-0072.01 |

| I hereby appoint: | | | |
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| X Practitioners associated with the Customer Number: | 21972 | | |
| OR | | | J |
| Practitioner(s) named below: | | | |
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| as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith. | identified above, and to trans | sact all business in the | ne United States Patent and |
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| X Applicant/Inventor. | | | |
| Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form | | | |
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| Name Matthew J. Russell | 1 | | |
| Signature gnatter of Lines | | | |
| Date 12/11/03 | | Telephone | 232-7176 |
| NOTE: Signatures of all the inventors or assignees of record of the enti forms if more than one signature is required, see below*. | re interest or their representative | (s) are required. Subm | it muttiple |
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| Application Number | |
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| Filing Date | |
| First Named Inventor | James D. Anderson, Jr. |
| Title | Sealed Fluidic Interfaces Utilizing Laser Welding |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 2003-0072.01 |

| I hereby appoint: | | 1 |
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| X Practitioners associated with the Customer Number: | 21972 | |
| OR | | |
| Practitioner(s) named below: | | |
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| as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith. | identified above, and to transa | act all business in the United States Patent and |
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| X Applicant/Inventor. | | |
| Assignee of record of the entire interest. See 37 CFF Statement under 37 CFR 3.73(b) is enclosed. (Form | | |
| | Applicant or Assignee of R | ecord |
| Name Jon B. Whitney | · | |
| Signature Jon & Whitney | | |
| Date Dec 11, 2003 | | Telephone 502-867-0491 |
| NOTE: Signatures of all the inventors or assignees of record of the ent forms if more than one signature is required, see below*. | tire interest or their representative(| s) are required. Submit multiple |
| X *Total of7 forms are submitted. | - | |

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| Examiner Name | |
| Attorney Docket Number | 2003-0072.01 |

| I hereby appoint: | |
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| X Practitioners associated with the Customer Number: | 21972 |
| OR | |
| Practitioner(s) named below: | |
| Name | Registration Number |
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| as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith. | identified above, and to transact all business in the United States Patent and |
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| Firm or Individual Name | |
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| I am the: | 140 |
| X Applicant/Inventor. | |
| Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form | |
| SIGNATURE of | Applicant or Assignee of Record |
| Name Tim Frasure | |
| Signature Sin-V-Pro | |
| Date 12/11/03 | Telephone 859-232-4272 |
| NOTE: Signatures of all the inventors or assignees of record of the enti- forms if more than one signature is required, see below*. | ire interest or their representative(s) are required. Submit multiple |
| X *Total of 7 forms are submitted. | |

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| Applicati n Number | |
|------------------------|---|
| Filing Date | |
| First Named Inventor | James D. Anderson, Jr. |
| Title | Sealed Fluidic Interfaces Utilizing Laser Welding |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 2003-0072.01 |

| I hereby appoint: | | | |
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| т петеру арропи. | | | |
| X Practitioners associated with the Customer Number: | 21972 | | |
| OR . | | | |
| Practitioner(s) named below: | | | |
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| as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith. | identified above, and to transact all business in the United States Patent and | | |
| Please recognize or change the correspondence address for | the above identified application to | | |
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| l am the: | | | |
| X Applicant/Inventor. | | | |
| Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form | R 3.71. n PTO/SB/96). | | |
| SIGNATURE of Applicant or Assignee of Record | | | |
| Name Ann M. Trebolo | | | |
| Signature and Irelato | | | |
| Date 12-11-2003 | Telephone 859-232-26/3 | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | |
| X *Total of forms are submitted. | | | |

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| First Named Inventor | James D. Anderson, Jr. |
| Title | Sealed Fluidic Interfaces Utilizing Laser Welding |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 2003-0072.01 |

| I hereby appoint: | | | | |
|---|--|--|--|--|
| X Practitioners associated with the Customer Number: | 21972 | | | |
| OR l | | | | |
| Practitioner(s) named below: | | | | |
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| as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith. | identified above, and to transact all business in the United States Patent and | | | |
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| The address associated with the above-mentioned Cus | | | | |
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| I am the: X Applicant/Inventor. | | | | |
| Assignee of record of the entire interest. See 37 CFR | 2 3 71 | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form | PTO/SB/96). | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | |
| Name James A Kerr | | | | |
| Signature 9 1 2 1 2 662 | Telephone 259-732-528d | | | |
| 1 12/11/2005 | 1 05/ 676 3-84 | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| X *Total of forms are submitted. | | | | |

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| Application Number | |
|------------------------|---|
| Filing Date | |
| First Named Inventor | James D. Anderson, Jr. |
| Title | Sealed Fluidic Interfaces Utilizing Laser Welding |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 2003-0072.01 |

| I hereby appoint: | | | | |
|---|--|--|--|--|
| X Practitioners associated with the Customer Number: | 21972 | | | |
| OR l | | | | |
| Practitioner(s) named below: | | | | |
| Name | Registration Number | | | |
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| | | | | |
| as my/our attorney(s) or agent(s) to prosecute the application in Trademark Office connected therewith. | identified above, and to transact all business in the United States Patent and | | | |
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| I am the: | | | | |
| X Applicant/Inventor. | · | | | |
| Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | |
| Name Steyen R. Komplin | | | | |
| Signature Steven R. Womplin | | | | |
| Date 11 DEC 03 | Telephone 859 232-4818 | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire forms if more than one signature is required, see below.*. | ire interest or their representative(s) are required. Submit multiple | | | |
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